WILLIAMS BAY CARE CENTER

146 CLOVER ST

WILLIAMS BAY 53191 Phone: (262) 245-6400		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	70	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	70	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	70	Average Daily Census:	65

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	<del></del> %	Age Groups	*	Less Than 1 Year	41.4
Supp. Home Care-Personal Care	No					1 - 4 Years	41.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.1	More Than 4 Years	17.1
Day Services	No	Mental Illness (Org./Psy)	4.3	65 - 74	12.9		
Respite Care	Yes	Mental Illness (Other)	10.0	75 - 84	32.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	25.7	65 & Over	92.9		
Transportation	No	Cerebrovascular	1.4			RNs	12.1
Referral Service	Yes	Diabetes	11.4	Gender	왕	LPNs	4.5
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	47.1	Male	25.7	Aides, & Orderlies	29.3
Mentally Ill	No			Female	74.3		
Provide Day Programming for	ĺ		100.0				
Developmentally Disabled	No		ale ale ale ale ale ale ale		100.0		

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	4.2	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Skilled Care	7	100.0	277	46	95.8	121	0	0.0	0	15	100.0	167	0	0.0	0	0	0.0	0	68	97.1
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		48	100.0		0	0.0		15	100.0		0	0.0		0	0.0		70	100.0

WILLIAMS BAY CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	11.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.9		41.4	55.7	70
Other Nursing Homes	0.0	Dressing	8.6		75.7	15.7	70
Acute Care Hospitals	72.9	Transferring	14.3		32.9	52.9	70
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.4		78.6	10.0	70
Rehabilitation Hospitals	0.0	Eating	30.0		67.1	2.9	70
Other Locations	15.3	******	******	*****	*****	******	******
Total Number of Admissions	85	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.3	Receiving Resp	iratory Care	7.1
Private Home/No Home Health	29.6	Occ/Freq. Incontinen	t of Bladder	54.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	45.7	Receiving Suct	ioning	0.0
Other Nursing Homes	1.2	į			Receiving Osto	my Care	5.7
Acute Care Hospitals	12.3	Mobility			Receiving Tube	Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	22.9
Rehabilitation Hospitals	0.0	į -			_	-	
Other Locations	9.9	Skin Care			Other Resident C	haracteristics	
Deaths	46.9	With Pressure Sores		2.9	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	81				Receiving Psyc	hoactive Drugs	58.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:		Size:		ensure:					
	This	Proj	prietary	50	-99	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	90.7	84.2	1.08	88.5	1.02	87.7	1.03	88.8	1.02			
Current Residents from In-County	81.4	76.9	1.06	72.5	1.12	70.1	1.16	77.4	1.05			
Admissions from In-County, Still Residing	23.5	19.0	1.24	19.6	1.20	21.3	1.10	19.4	1.21			
Admissions/Average Daily Census	130.8	161.6	0.81	144.1	0.91	116.7	1.12	146.5	0.89			
Discharges/Average Daily Census	124.6	161.5	0.77	142.5	0.87	117.9	1.06	148.0	0.84			
Discharges To Private Residence/Average Daily Census	36.9	70.9	0.52	59.0	0.63	49.0	0.75	66.9	0.55			
Residents Receiving Skilled Care	100	95.5	1.05	95.0	1.05	93.5	1.07	89.9	1.11			
Residents Aged 65 and Older	92.9	93.5	0.99	94.5	0.98	92.7	1.00	87.9	1.06			
Title 19 (Medicaid) Funded Residents	68.6	65.3	1.05	66.3	1.03	68.9	0.99	66.1	1.04			
Private Pay Funded Residents	21.4	18.2	1.18	20.8	1.03	19.5	1.10	20.6	1.04			
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00			
Mentally Ill Residents	14.3	28.5	0.50	32.3	0.44	36.0	0.40	33.6	0.43			
General Medical Service Residents	47.1	28.9	1.63	25.9	1.82	25.3	1.86	21.1	2.24			
Impaired ADL (Mean)	57.7	48.8	1.18	49.7	1.16	48.1	1.20	49.4	1.17			
Psychological Problems	58.6	59.8	0.98	60.4	0.97	61.7	0.95	57.7	1.02			
Nursing Care Required (Mean)	5.4	6.5	0.83	6.5	0.83	7.2	0.74	7.4	0.72			